Name in Full: Sampa Ezora Broadwater

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Merrill — County: Garrett

Date of death 1904	Month	Day	Age — Years	Months	Days
	Nov.	3	34	0	16

Sex: Female — Color or Race: White — Birthplace: Wt. Va.

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: Johnson Broadwater

Father's Name: Jonas Hershberger — Father's Birthplace: Armenia

Mother's Maiden Name: Rebecca Loyer — Mother's Birthplace: "

Name of person giving Information: Johnson Broadwater — How related to deceased: husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Septicemia — How long: 4 weeks

Immediate: Pyemia — How long: one week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H L Bevins

Address: Grantsville Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A66816

Name in Full: Clarence S Brown X

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Deer Park; County: Garrett

Date of death 1904: Month: Nov; Day: 18

Age: Years: 3; Months: 5; Days: 18

Sex: male

Color or Race: white

Birthplace: Illinois

Married, Single or Widowed: Single

Occupation: none

Name of Wife or Husband: None

Father's Name: Geo. M. Brown

Father's Birthplace: Pa. Va.

Mother's Maiden Name: Anna E Harvey

Mother's Birthplace: Kearney

Name of person giving Information: Father

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Scarlet Fever

How long: 4 days

Immediate: " "

How long: " "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo L Leininger

Address: Deer Park Md.

Accident or Suicide? None

LIBRARY BUREAU A83316

Name in Full: Thurlow Calmes

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Near Bond — Town: — County: Garrett

Date of death: Month: Nov — Day: 1 — 1904

Age: Years: 25 — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: —

Occupation: Teamster — Where Residing if not at place of death: At Beckman Mine

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Wm Calmes — Father's Birthplace: Md

Mother's Maiden Name: Hammon — Mother's Birthplace: —

Name of person giving Information: A. F. Schrock — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Accident — How long: sudden

Immediate: " — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A F Schrock

Address: Mt Lake Park Md

Accident or [illegible]

LIBRARY BUREAU A285S18

Name in Full: Meggie Lucretia Davis

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Swanton — County: Garrett

Date of death 1904 — Month: Nov. — Day: 18. — Age — Years: 1 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Swanton

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband:

Father's Name: Joseph Davis — Father's Birthplace: Md.

Mother's Maiden Name: Susan Sharpless — Mother's Birthplace: Md

Name of person giving In formation: Solomon Tasker — How related to deceased: 2nd Cousin

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Worms — How long: Dont Know

Immediate: Gastro-Enteritis 105 — How long: About 3 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H. Gazenbaker M.D.

Address: Swanton, Md

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: Millie Duval X

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Crellin — County: Garrett

Date of death — Month: Dec — Day: 14 — 1904

Age — Years: 4 — Months: — — Days: —

Sex: Fire

Color or Race: White

Birthplace: Md, Deer

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: single

Name of Wife or Husband: —

Father's Name: Symon L Duval

Father's Birthplace: Michigan

Mother's Maiden Name: Lil Butler

Mother's Birthplace: Md

Name of person giving information: Father

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Scarlet-fever — How long: two weeks

Immediate — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Symon L Duval

Address: Crellin

Accident or Suicide?

LIBRARY BUREAU A88819

Name in Full: Baby Fulmer X

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Gortner — County: Garrett

Date of death: Month: Nov — Day: 12 — Year: 1904 — Age: Stil Born — Months — Days

Sex: Boy — Color or Race: White — Birthplace: Md

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband: Mary Fulmer

Father's Name: John Fulmer — Father's Birthplace: Md

Mother's Maiden Name: Mary Beckman — Mother's Birthplace: Md

Name of person giving information: Geo. D Teel — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: S. — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr Newman

Address

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Charles M. Guard X

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Friendsville — County: Garrett

Date of death 1904 — Month: nov — Day: 21 — Age: Years — Months — Days: 10

Sex: Male — Color or Race: white — Birthplace: Maryland

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name: Jasper Guard — Father's Birthplace: Md

Mother's Maiden Name: Hattie Savage — Mother's Birthplace

Name of person giving In formation: Jasper Guard — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Transition — How long: 10 days

Immadiate: " — How long: "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. L. Mason MD

Address: Friendsville Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: A K Guist X

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Friendsville; County: Garrett

Date of death 1904: Month: Nov; Day: 4

Age: Yeers: 55; Months: ; Days:

Sex: male; Color or Race: White; Birthplece: Pa

Married, Single or Widowed:

Occupation: Butcher

Name of Wife or Husband:

Father's Name: ; Fether's Birthplece:

Mother's Maiden Neme: ; Mother's Birthplace:

Name of person giving In formation: ; How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia 93; How long: 3 wks

Immediate: 11; How long:

Are the name, age, sex, color, date and place correctly given ebove? Yes

Signature of Physician: A. F. Mason M.D.

Address: Friendsville Md.

Accident or Suicide?

LIBRARY BUREAU A35516

Name in Full: Baby Kiper

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: near Oakland — County: Garrett

Date of death: Month: Nov — Day: 3 — Years: 1904 — Months: — Days: —

Age

Sex: boy — Color or Race: White — Birthplace: ✓

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: ✓ — Name of Wife or Husband: —

Father's Name: ✓ — Father's Birthplace: ✓

Mother's Maiden Name: Mrs Stella Kiper — Mother's Birthplace: ✓

Name of person giving Information: Called Kiper — How related to deceased: ✓

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diphtheria — How long: Two days

Immediate: Suffocation — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Henry W. McComas

Address: Oakland Md

Accident or Suicide? ✓

LIBRARY BUREAU A88818

Name in Full: Geo. O. Miller

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Oakland — County: Garrett

Date of death 1904 — Month: Nov — Day: 23 — Age: Years 41 — Months 5 — Days ✓

Sex: male — Color or Race: White — Birthplace: Frostburg Md

Occupation: Merchant — Where Residing if not at place of death: ✓

Married, Single or Widowed: married — Name of Wife or ~~Husband~~: Ella Miller

Father's Name: Geo. Miller — Father's Birthplace: Pa.

Mother's Maiden Name: Susan M. O'Hulls — Mother's Birthplace: Md

Name of person giving information: Ella Mills his wife — How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Idiopathic anemia — How long: Ten Mo.

Immediate: asthenia — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide? ✓

Signature of Physician: Henry W. M Thomas

Address: Oakland Garrett Co Maryland

LIBRARY BUREAU A66816

Name in Full: Edwin L Mitchell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Oakland — County: Garrett

Date of death: Month: Nov — Day: 1 — Year: 1904 — Age: Years: 44 — Months: Nov — Days: —

Sex: Male — Color or Race: White — Birthplace: Pa

Occupation: Lawyer — Where Residing if not at place of death: Oakland

Married, Single or Widowed: Married — Name of Wife or Husband: Oleora B. Mitchell

Father's Name: Alfred S Mitchell — Father's Birthplace: Pa

Mother's Maiden Name: — — Mother's Birthplace: Pa

Name of person giving Information: E. H. Sincell — How related to deceased: Brother in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Accidental — How long: —

Immediate: fall down stairs — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W H Ravenscroft

Address: Oakland Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Mrs Maggie X

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cascade — County: Garrett

Date of death 1902: Month: Nov — Day: 13 — Age: Years: 17 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: H. [illegible] — Where Residing if not at place of death

Married, Single or ~~Widowed~~ — Name of Wife or Husband: Oliver Maffett

Father's Name: Walter Collier — Father's Birthplace: Md

Mother's Maiden Name — Mother's Birthplace: Md

Name of person giving Information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diphtheria — How long: 2 weeks

Immediate: Heart failure — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. C. Yeager

Address: Cascade Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: John Luther Sharpless

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Swanton; County: Garrett

Date of death 1904: Month: Nov.; Day: 27; Age: Years: 59; Months: —; Days: —

Sex: male. Color or Race: White. Birthplace: Md.

Married, Single or Widowed: married. Occupation: Farmer.

Name of Wife or Husband: Julia Sharpless

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of parson giving information: Julia Sharpless. How related to deceased: widow

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Uremia. How long: 2 years

Immediate: Acute Gastritis 10 D. How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: H Longenbaker M D

Address: Swanton Md.

Accident or Sulcide?

LIBRARY BUREAU A38316

Name in Full: Charles Whitmore X

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Kendal — County: Garrett

Date of death 1904: Month: Nov — Day: 7 — Age: Years: 45 — Months: 2 — Days: 28

Sex: Male — Color or Race: White — Birthplace: Washington

Married, Single or Widowed: Married — Occupation: Laberer

Name of Wife or ~~Husband~~: Lina Whitmore

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving In formation: Lina Whitmore — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Accident 166 — How long: sudden

Immediate: 11 — How long: 11

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. J. Mason M.D.

Address: J. Friendsville Md.

Accident or ~~Suicide~~?

LIBRARY BUREAU A66516

Name in Full: John Lawson Wright

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Swanton — County: Garrett

Date of death 1904 — Month: Nov. — Day: 17 — Age — Years: — Months: 6 — Days: —

Sex: Male — Color or Race: White — Birthplace: Swanton Md.

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Lawson Wright — Father's Birthplace: Md.

Mother's Maiden Name: Henretta Friend — Mother's Birthplace: Md.

Name of person giving Information: Mrs Wm Wright — How related to deceased: Grandmother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cold — How long: about 1 day.

Immediate: Cerebro-Spinal Meningitis — How long: about 2 days

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: J. Fazenbaker MD

Address: Swanton Md.

Accident or Suicide? —

LIBRARY BUREAU A88518